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License# Psy14076

Consent For Exchange of Information

I, _____, hereby authorize
Nancy Kaplan, Ph.D., and _____ to exchange any
and all information regarding my past and present medical and/or psychological
evaluation and treatment, whether inpatient or outpatient, including but not limited to
medical/psychological history, examinations, health provider notes, process notes, tests,
assessments, and correspondence.

The purpose of this exchange of information is to coordinate treatments, and/or to
permit the evaluation of the medical/psychological necessity of substance abuse and/or
certain kinds of mental health treatment.

I understand that I have a right to receive a copy of this form, and that I may
revoke this consent in writing at any time, except with respect to information exchanged
prior to such revocation.

This consent shall become effective immediately, and shall remain in effect as
long as necessary unless revoked by the undersigned in writing.

Client Name Please Print

Client Signature

Date

Health Provider Name

Health Provider Signature

Date